

Colorado Department of Health Care Policy and Financing

School Health Services (SHS) Program Overview





Agenda

- School Health Services (SHS) Overview
- Role of the Department/PCG
- Role of Colorado Department of Education (CDE)
- Local Services Plan (LSP)
- Random Moment Time Study (RMTS)
- Annual Cost Reporting
- Quarterly Cost Reporting
- Reviews
- Resources
- Contact Information
- Questions

SHS Overview

- There are four areas of reimbursement available to Colorado school districts
 - Although districts are not required to participate in all aspects of the program, they must participate in Direct Service claiming

Areas of Reimbursement
Direct Service (DS) Claiming
Targeted Case Management (TCM) Claiming
Specialized Transportation Claiming
Medicaid Administrative Claiming (MAC)



SHS Overview

- Direct Services (DS)
 - Medically necessary services outlined in a student's Individualized Education Program (IEP) or Individualized Family Services Plan (IFSP) that will prevent, diagnose, cure, correct or reduce the physical, mental or development effects of an illness, injury or disability
- Targeted Case Management (TCM) Services
 - For a student with an IEP or IFSP, activities that will assist the student to gain access to services pursuant to their IEP or IFSP
 - Includes the coordination of access to a broad range of medically necessary services covered under the Medicaid program to ensure timely and effective care



SHS Overview

- Specialized Transportation
 - Transportation service necessary to provide a client with access to Medicaid services performed in the school or at another site in the community
 - Shall be on a:
 - Specially adapted school bus
 - Regular school bus when an aide for the transported student(s) is present and is required by the student's IEP or IFSP
- Medicaid Administrative Claiming (MAC)
 - Offers reimbursement for the costs associated with administrative and outreach activities that support the proper and efficient operation of state Medicaid program



SHS Overview

- General requirements to participate in any aspect of the SHS program, include:
 - Have a Local Services Plan (LSP) approved by Colorado Department of Education (CDE)
 - Contract with the Department of Health Care Policy and Financing (the Department)
 - Enroll as a Medicaid provider in the Medical Assistance Program
 - Participate in the Random Moment Time Study (RMTS)
 - Complete the appropriate financial and statistical reports on a quarterly and annual basis



Role of the Department/PCG

- The Department and Public Consulting Group (PCG) work together to carry out many of the functions of the SHS program, which include:
 - Random Moment Time Study (RMTS)
 - Medicaid Administrative Claiming (MAC) Quarterly Submissions
 - Cost Reporting
 - Rate Setting
 - Program Reviews
 - Program Manual Development
 - Quarterly Newsletters
 - Help Desks



Role of CDE

- The CDE role in the SHS program includes:
 - Provide assistance to districts with the development and modifications of the LSP
 - Provide annual program training in cooperation with the Department
 - Monitor district allocation of Medicaid reimbursement via the CDE Annual Report



LSP

- LSP
 - Developed every 5 years
 - Community input via Health/Wellness Advisory Committees to:
 - Identify and prioritize unmet health needs of children
 - Determine direct LSP budget based on Cost Reconciliation for previous year
 - Assign funding to prioritized unmet health needs
 - LSP can be modified yearly as reimbursement may change



RMTS

- What is the RMTS?
 - Random moment sampling is a federally accepted method for documenting time
 - Required mechanism used to determine the percentage of time that is spent on performing Medicaid school health services and administrative activities that support school health services
 - Randomly generated 'moments' are equal to one minute



RMTS

- Why RMTS?
 - The federal Centers for Medicare and Medicaid Services (CMS) require time study participation from districts claiming Medicaid reimbursement for school health services
 - Required as part of the annual cost reconciliation process and the MAC calculation
- RMTS is administered quarterly
 - October – December, January – March, and April – June
 - There is no RMTS during the July – September quarter
 - An average of the prior 3 quarter's results will be used to calculate the July – September results
 - Next time study is scheduled to begin October 1, 2014



RMTS

- Who participates in the RMTS?
 - Staff that are routinely performing Medicaid school health services and administrative activities that support Medicaid school health services
 - In addition, staff cannot be 100% federally funded
 - Each participating district submits a staff roster prior to the start of each quarter
 - Staff rosters are updated quarterly in the web-based RMTS system
 - Staff rosters are made up of 3 cost pools
 - DS cost pool
 - TCM cost pool
 - Administrative Personnel cost pool



RMTS

- DS cost pool
 - All DS providers qualified to bill Medicaid (can also bill TCM, if qualified)
- TCM cost pool
 - Providers qualified to bill Medicaid for TCM services only
- Administrative Personnel cost pool
 - District staff that routinely perform administrative, outreach, and program planning activities that support school health services.
 - Staff does not provide direct services nor bill Medicaid for direct services or TCM
- Participants cannot be in more than one cost pool



RMTS

- Training staff
 - District RMTS coordinators should provide training and/or information to participants about the program, their role in the program, and the importance of completing the sampled moments
 - Sampled participants complete on-line training consisting of 11 screens prior to completing the selected moment
 - Coordinators must administer time study training to participants with paper moments prior to them responding to a sampled moment
- Moments
 - Statewide each quarter there are 9,400 sampled moments
 - DS cost pool = 3,400 moments
 - TCM cost pool = 3,000 moments
 - Administrative Personnel cost pool = 3,000 moments



RMTS

- Moments
 - Each moment is randomly assigned
 - Participants have equal opportunity to be selected multiple times throughout a quarter
 - Participants document their activity during their assigned moment(s) in the web-based RMTS system
 - Accurate and candid responses from staff participants are critical to a successful and valid time study



RMTS

- Participants selected for a “moment” must log onto the website and answer the following 5 questions:
 1. Were you working during your sampled moment?
 2. Describe in detail the activity you were performing during your sampled moment.
 3. Describe in detail why were you doing this activity during the sampled moment?
 4. Were you working with a student during this sampled moment?
 5. Was the service you performed listed on the child’s IEP/IFSP?



RMTS

- Compliance
 - Districts participating in the program should strive for 100% compliance with completing the RMTS moments, but must meet the minimum 85% compliance percentage quarterly
 - Moments completed after 5 working days are coded as 'No Response' and are not included in determining compliance or in calculating the RMTS % for the claim
 - Not meeting the minimum 85% compliance percentage has a negative impact on the statewide claim
 - RMTS coordinators are required to monitor participant's compliance with completing moments
 - Coordinators have access to the 'Compliance Report' in the RMTS system
 - PCG assists districts with monitoring compliance
 - RMTS Moments List is sent at start of quarter
 - Statewide monthly compliance report



Annual Cost Reporting

- Reimbursement for DS, TCM, and specialized transportation is cost-based
- What does cost-based mean?
 - The annual cost report is designed to determine a district specific cost associated with providing DS, TCM, and specialized transportation services to Medicaid-eligible IEP or IFSP students
 - The RMTS percentage is used to calculate the reimbursement amounts for all categories of reimbursement
 - The cost report calculates a district specific Certified Public Expenditure (CPE) amount
 - CPE amount is the maximum a district can receive in reimbursement



Annual Cost Reporting

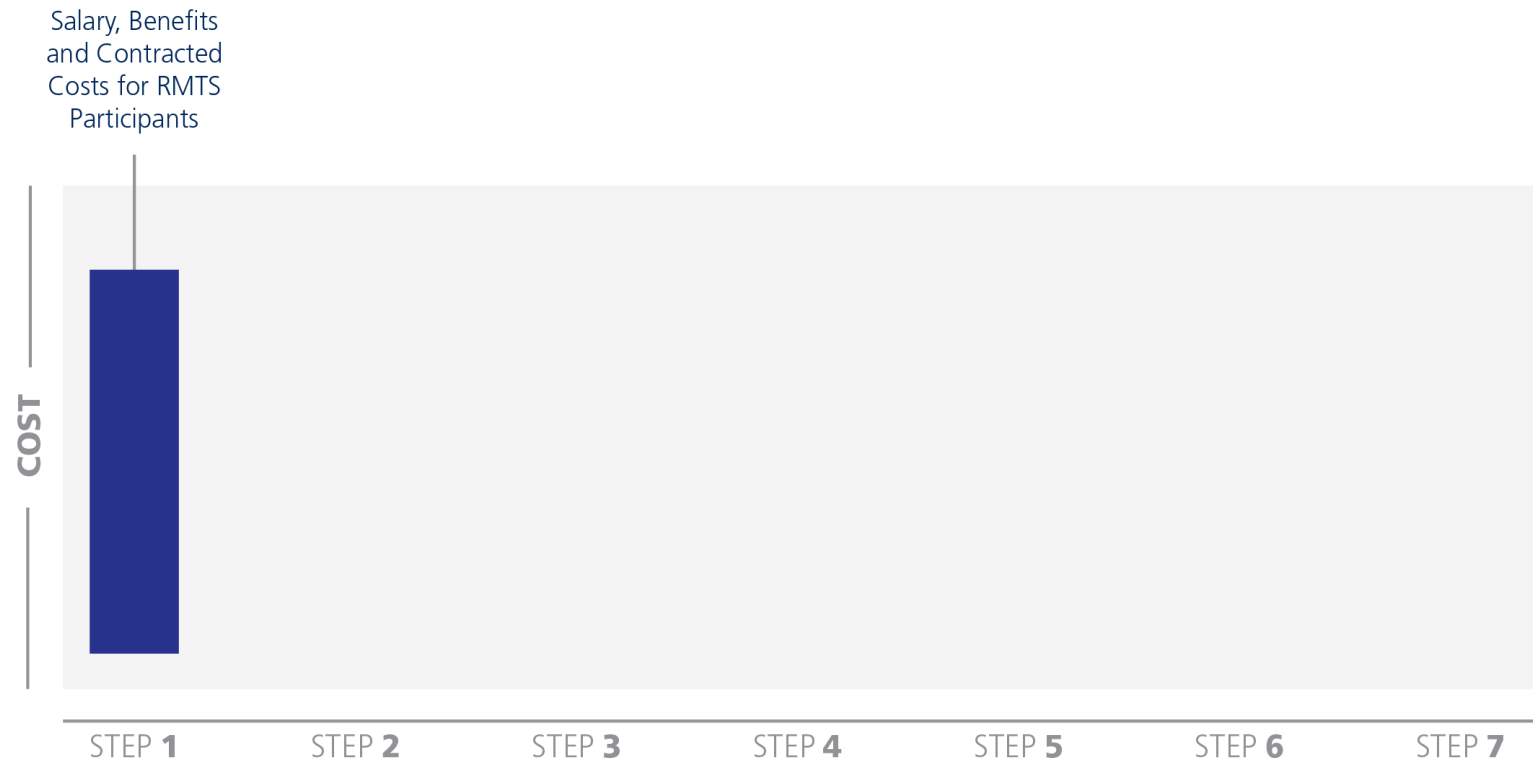
- The calculated CPE amount is then compared to interim payments received throughout the year to complete cost reconciliation and settlement process
- “Interim” payments are made based on estimated Medicaid allowable costs
 - Districts receive “interim” payments on a monthly basis based off their total cost identified in the approved or estimated cost report CPEs from up to three years prior
 - Example: For Fiscal Year 2014 - 15, the interim payment is based off of fiscal years 2011- 2012, 2012-2013, and 2013-14 (estimated) calculated CPEs



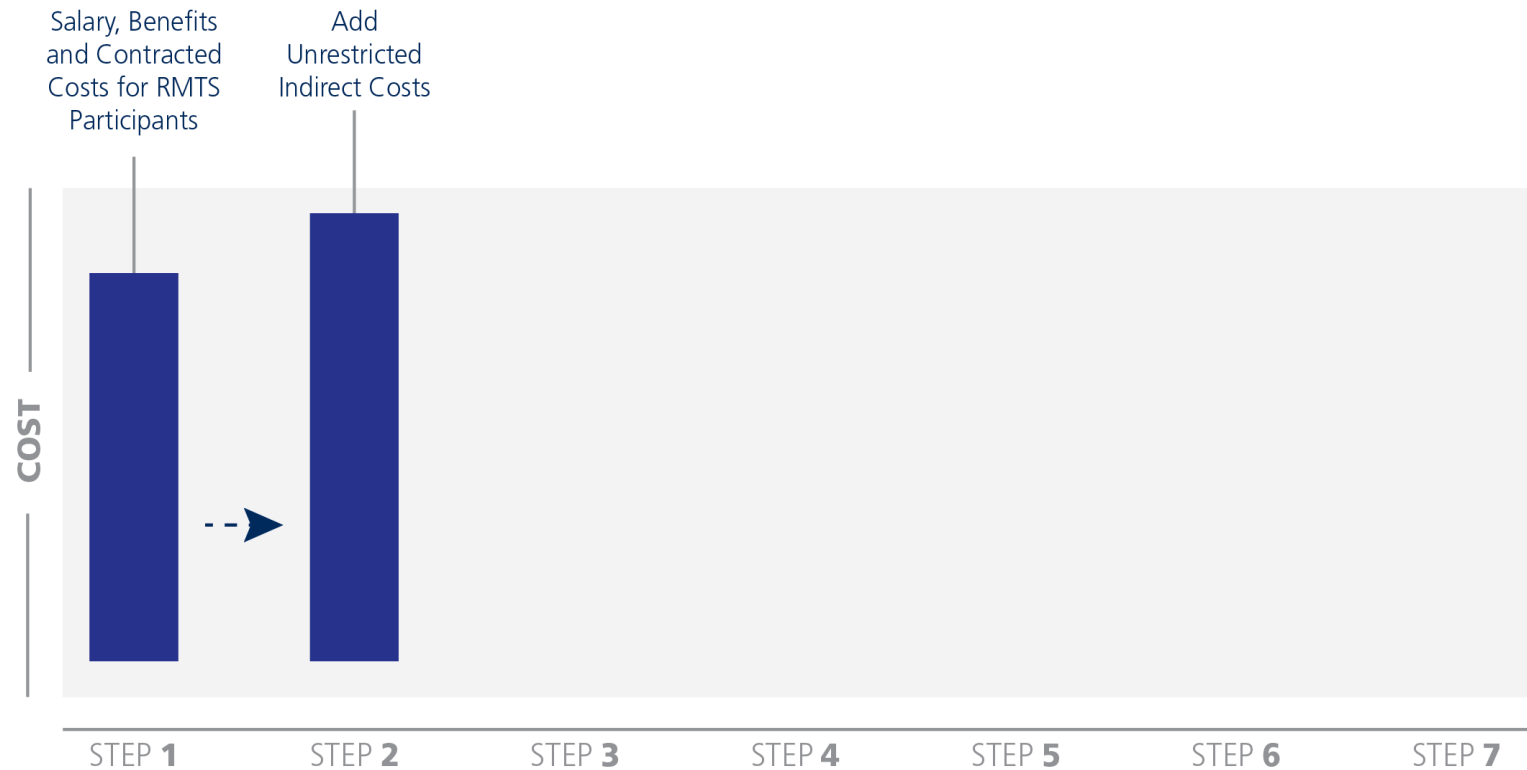
Annual Cost Reporting

- Participating districts are still required to submit claims for DS or TCM services (and transportation services, if applicable) provided to Medicaid students
 - Participating districts must follow proper claiming instructions as outlined in the Colorado Medical Assistance Provider Billing Manual

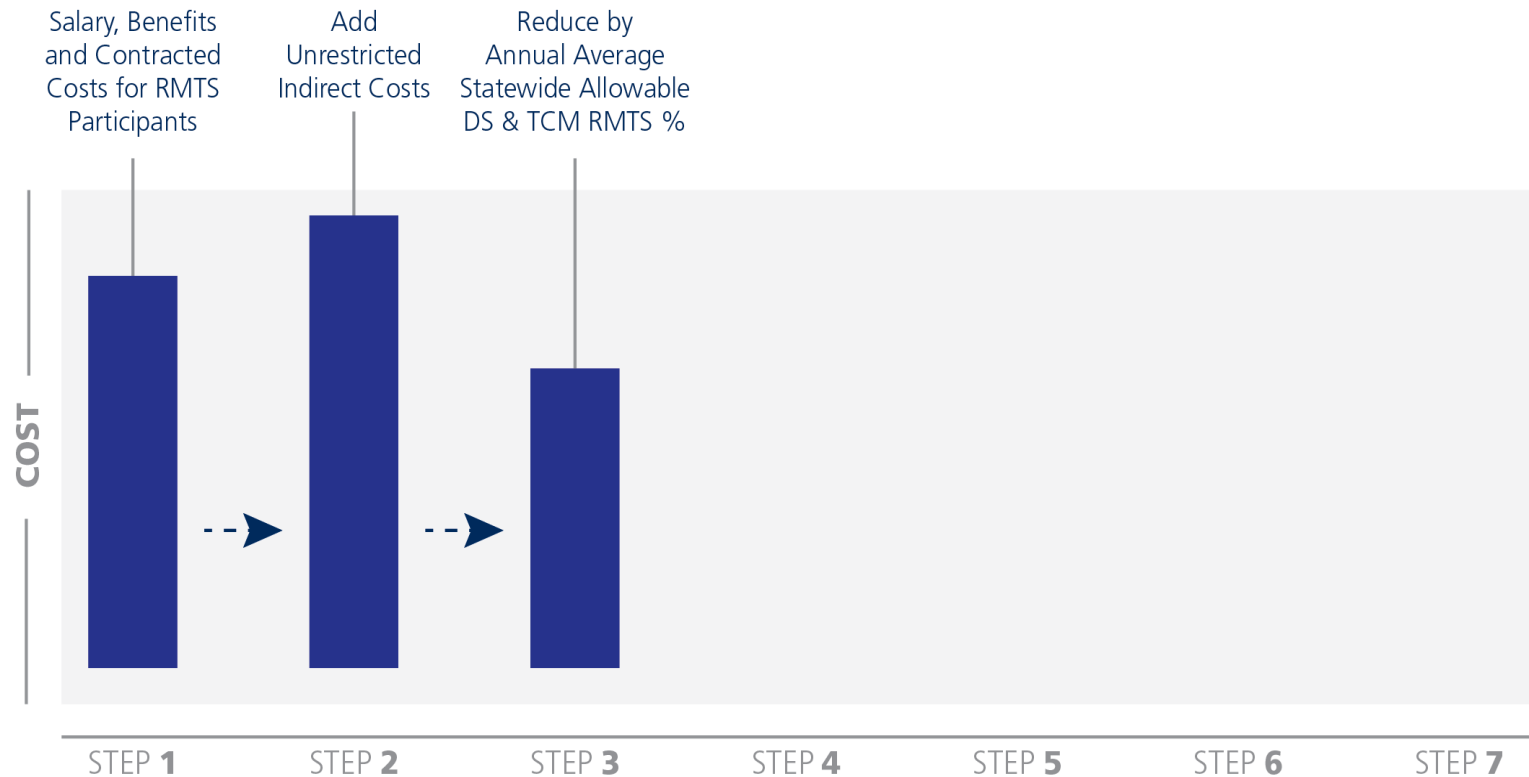
Annual Cost Reporting



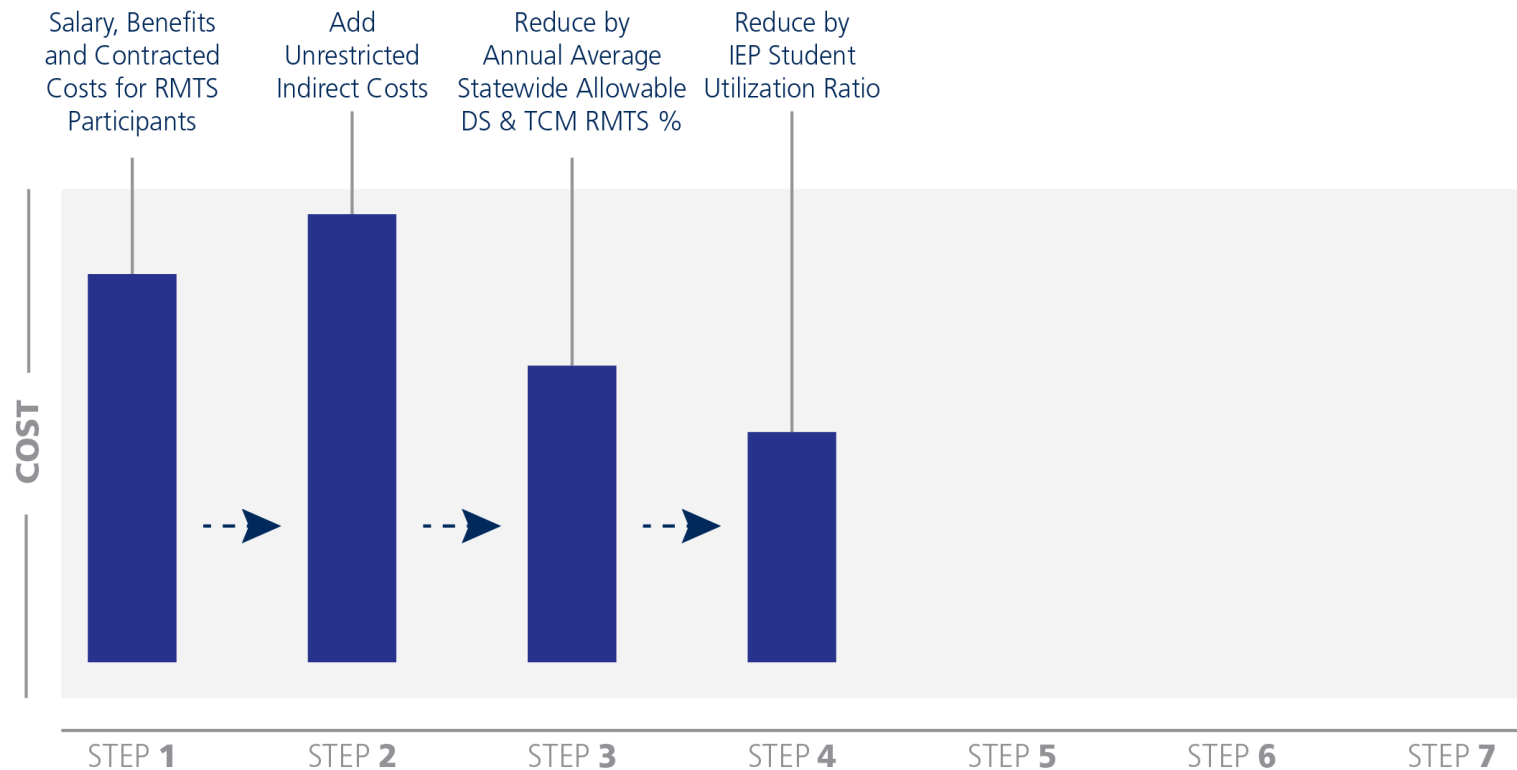
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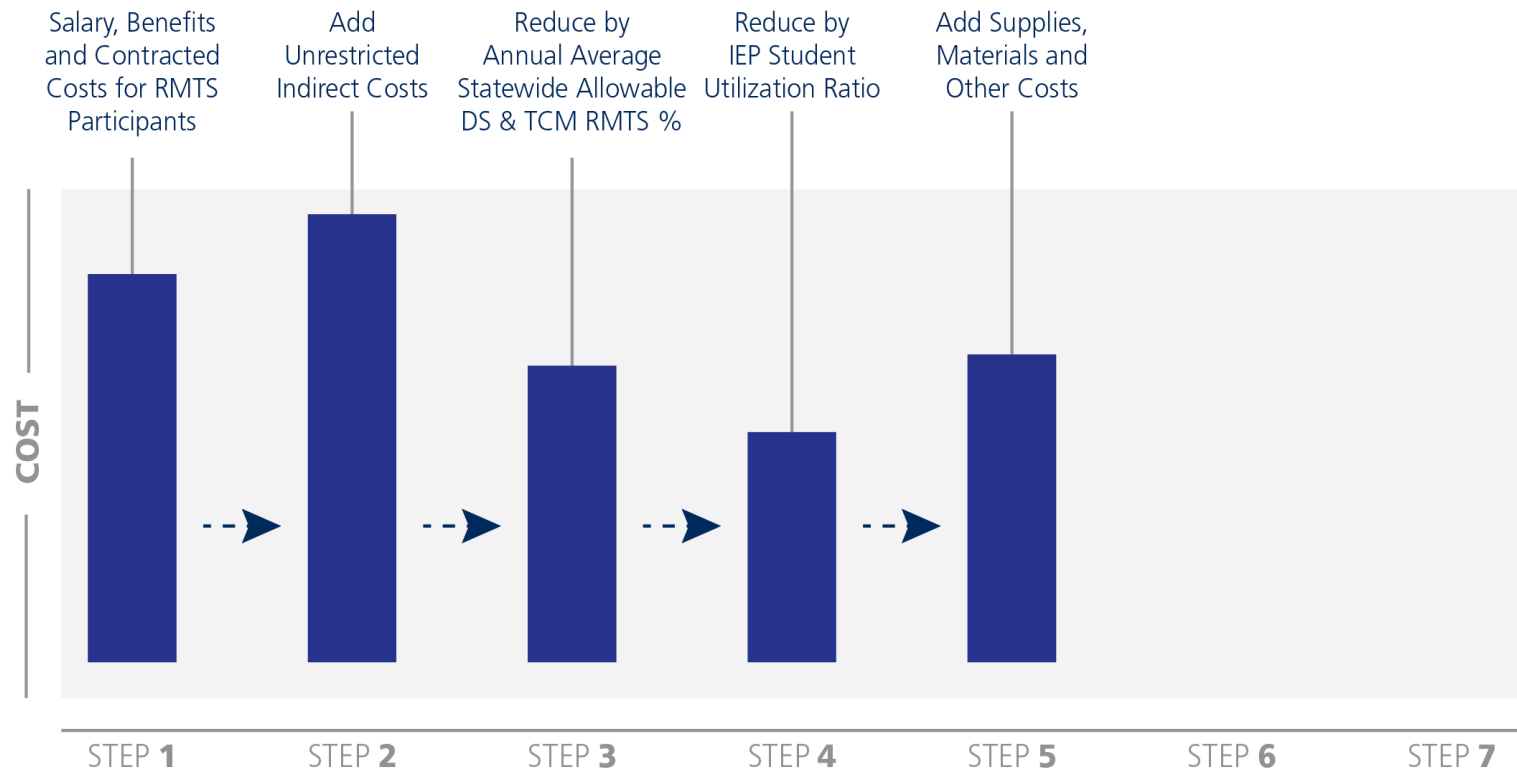
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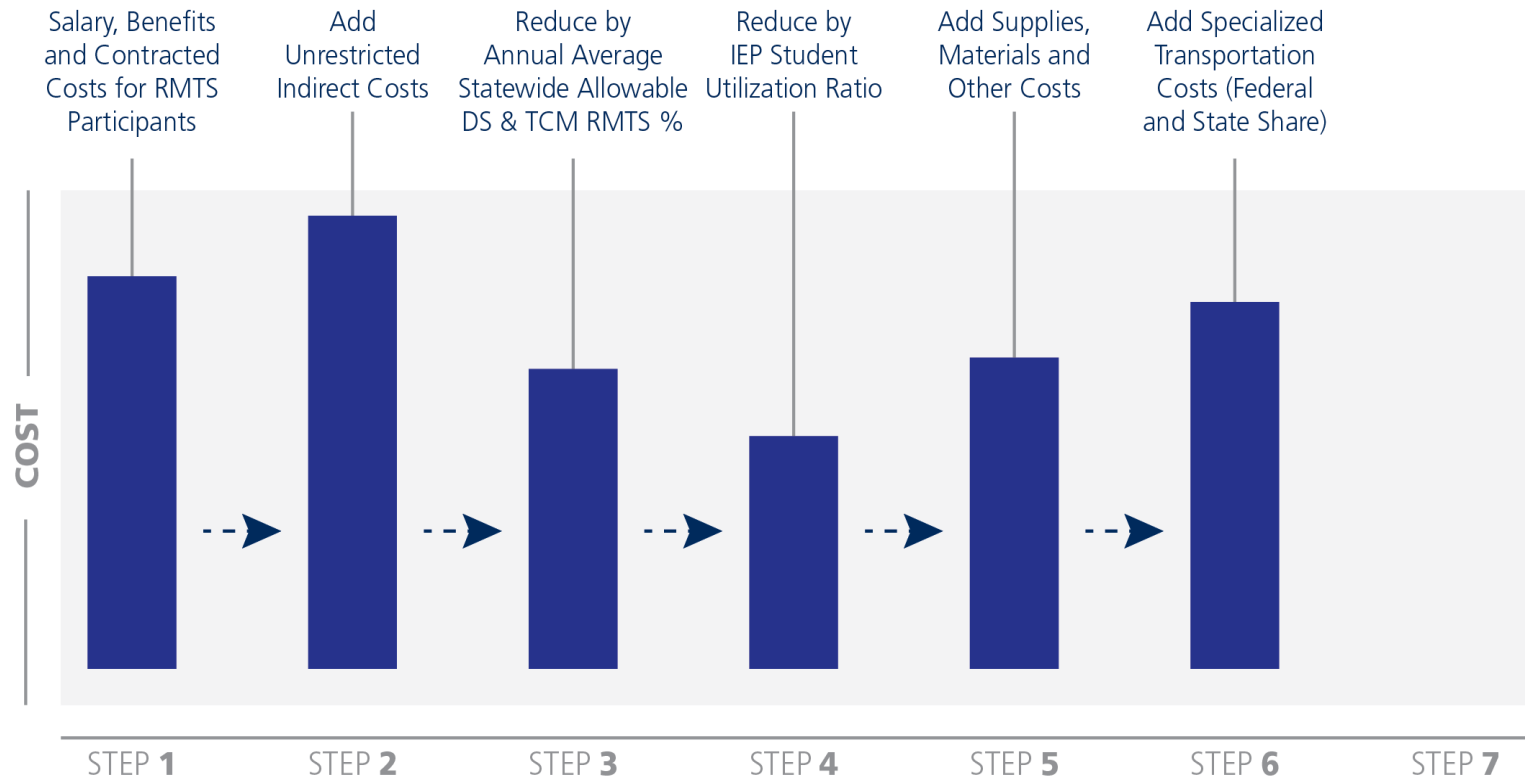
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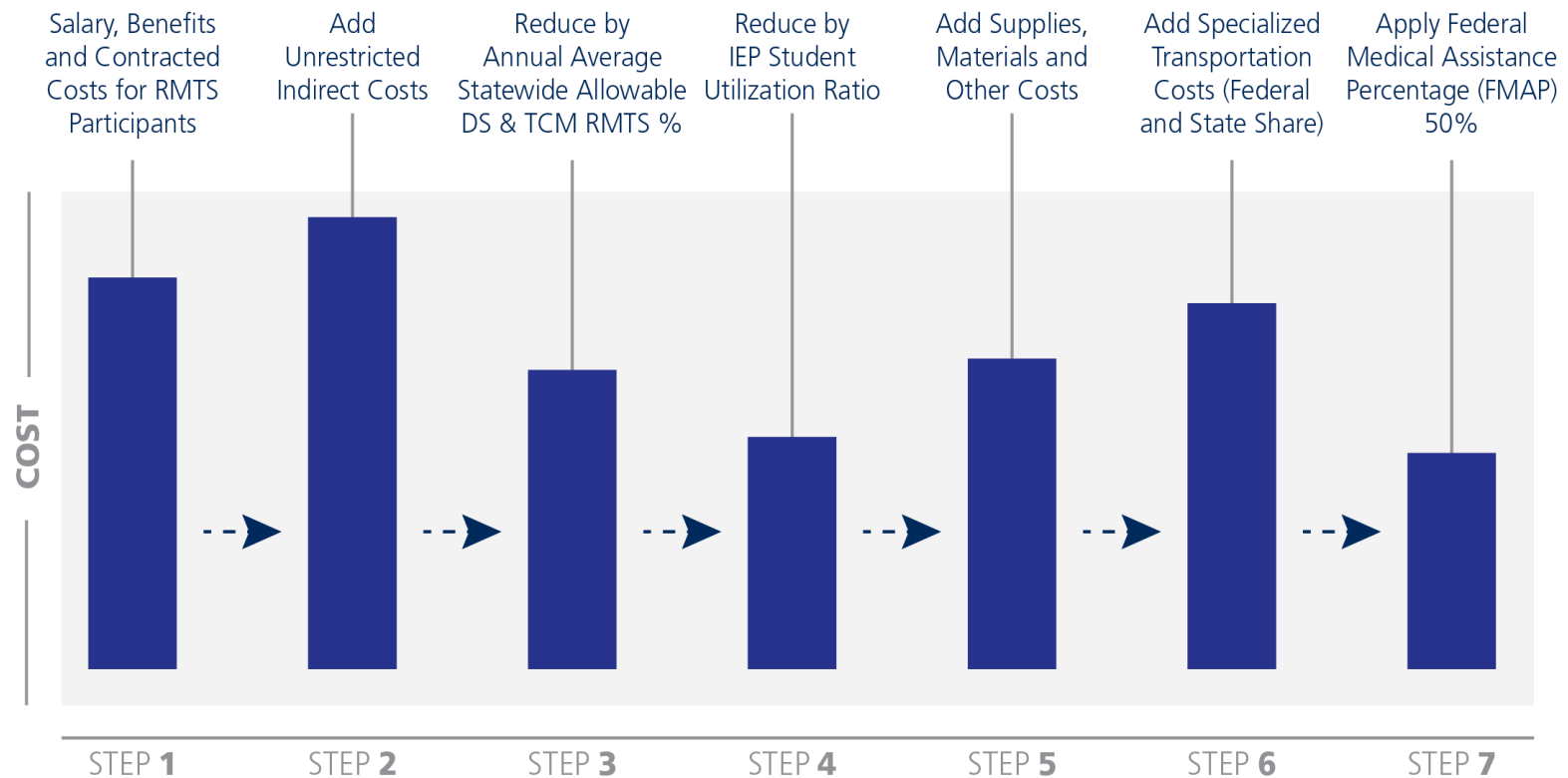
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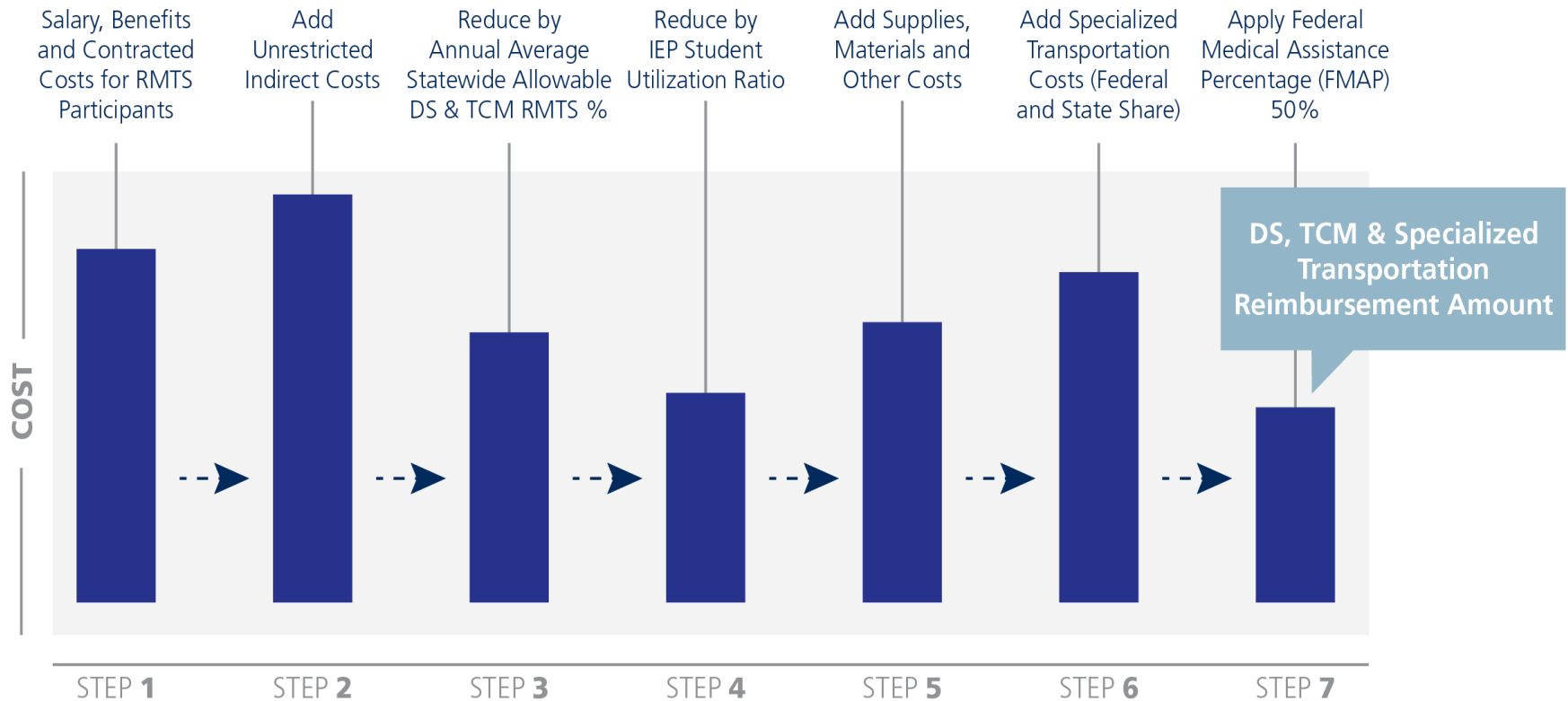
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Annual Cost Reporting



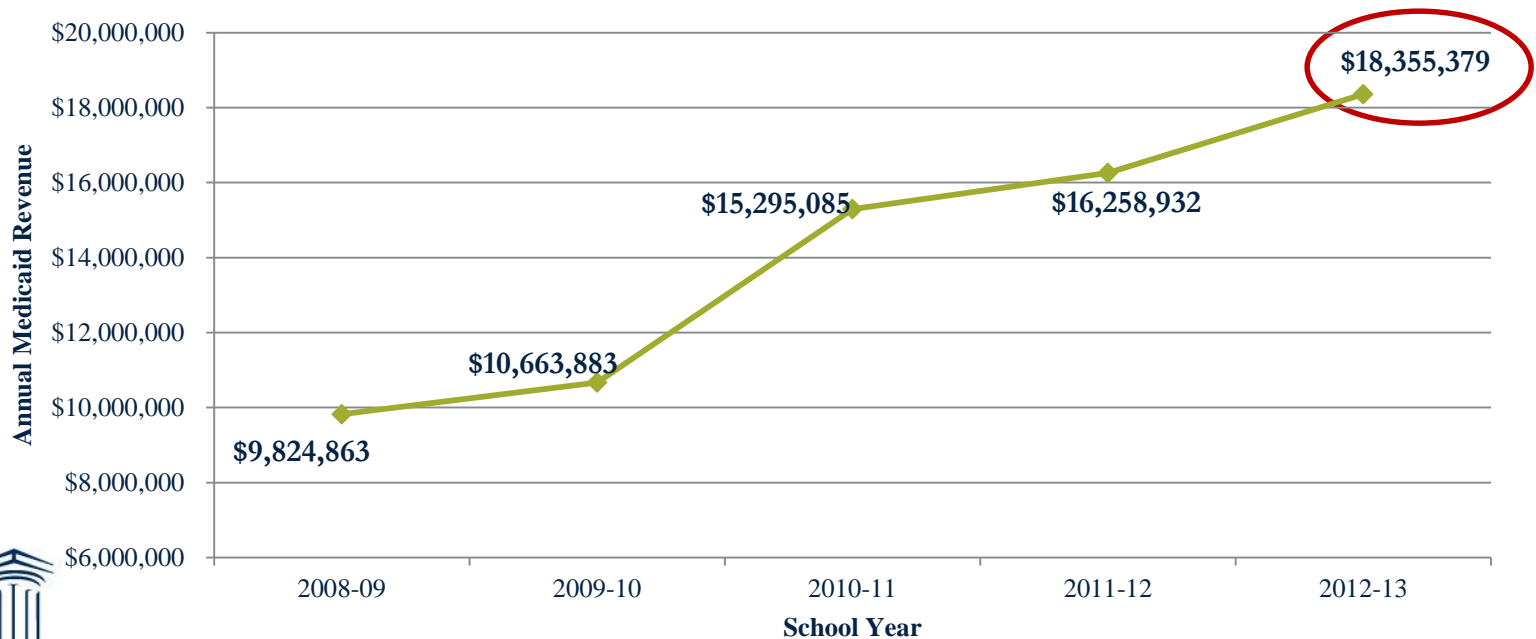
Annual Cost Reporting





Annual Cost Reporting

Annual Medicaid DS, TCM, and Specialized Transportation Revenue (Federal Share less State Withhold)





Quarterly Cost Reporting

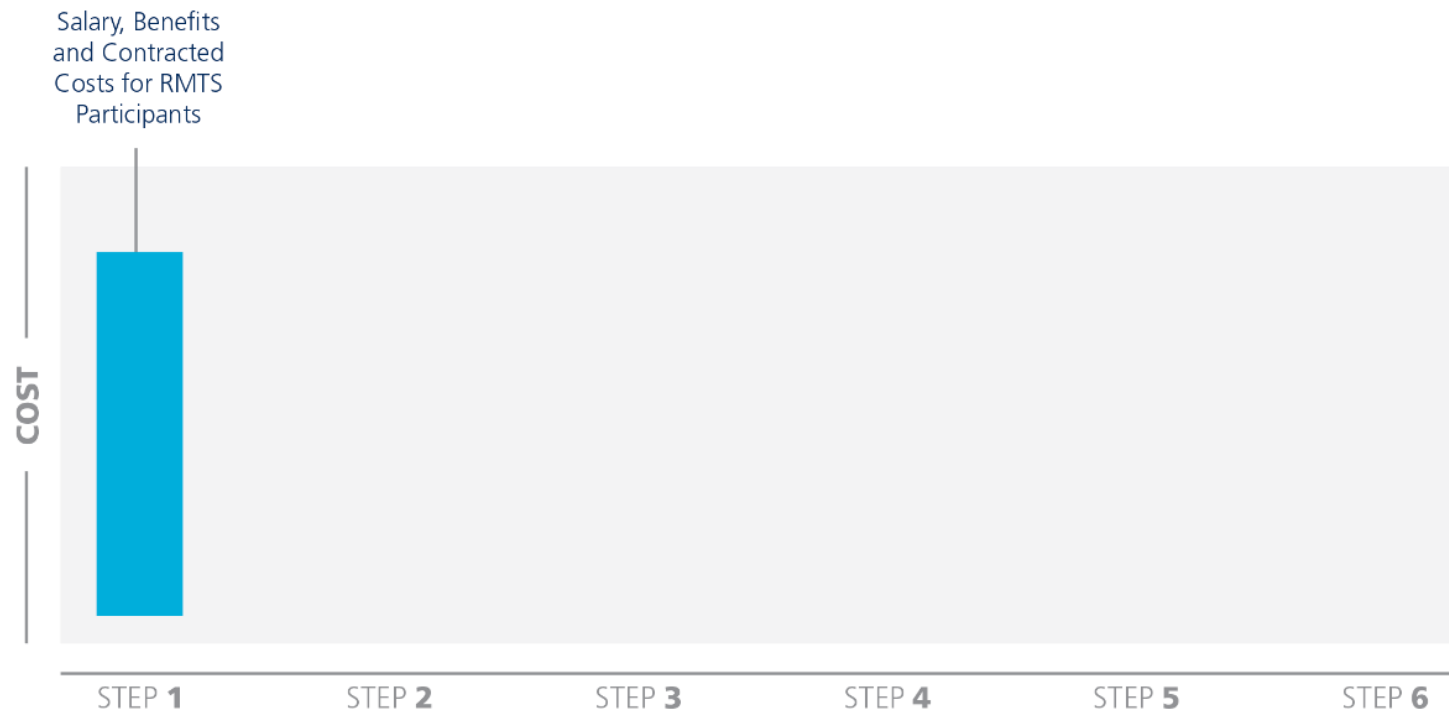
- MAC offers reimbursement for the costs associated with administrative and outreach activities that support the proper and efficient operation of state Medicaid program, such as:
 - Facilitating Medicaid Outreach
 - Facilitating Medicaid Eligibility Enrollment
 - Translation Related to Medicaid Services
 - Medical Program Planning, Policy Development, and Interagency Coordination
 - Medicaid-Related Training & Professional Development
 - Referral, Coordination and Monitoring of Medicaid Services
- MAC provides reimbursement in addition to funds generated through the cost-based reimbursement methodology



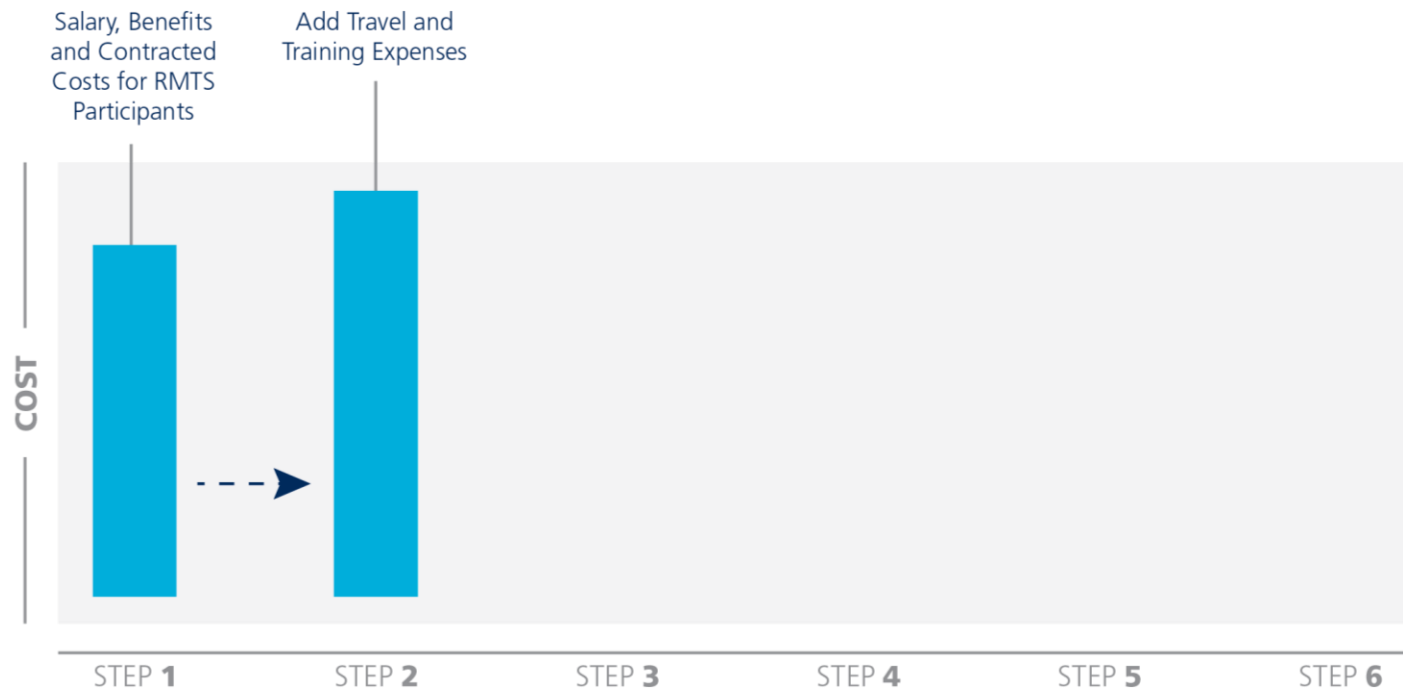
Quarterly Cost Reporting

- MAC claims are calculated on a quarterly basis
 - Based on the state-wide time study results for each cost pool
- District specific information such as accrued costs (e.g. salary and benefits), Medicaid Eligibility Rate (MER), and Unrestricted Indirect Cost Rate (UICR) are applied to the time study results
 - Each cost pool will be summarized into one total claim for the district

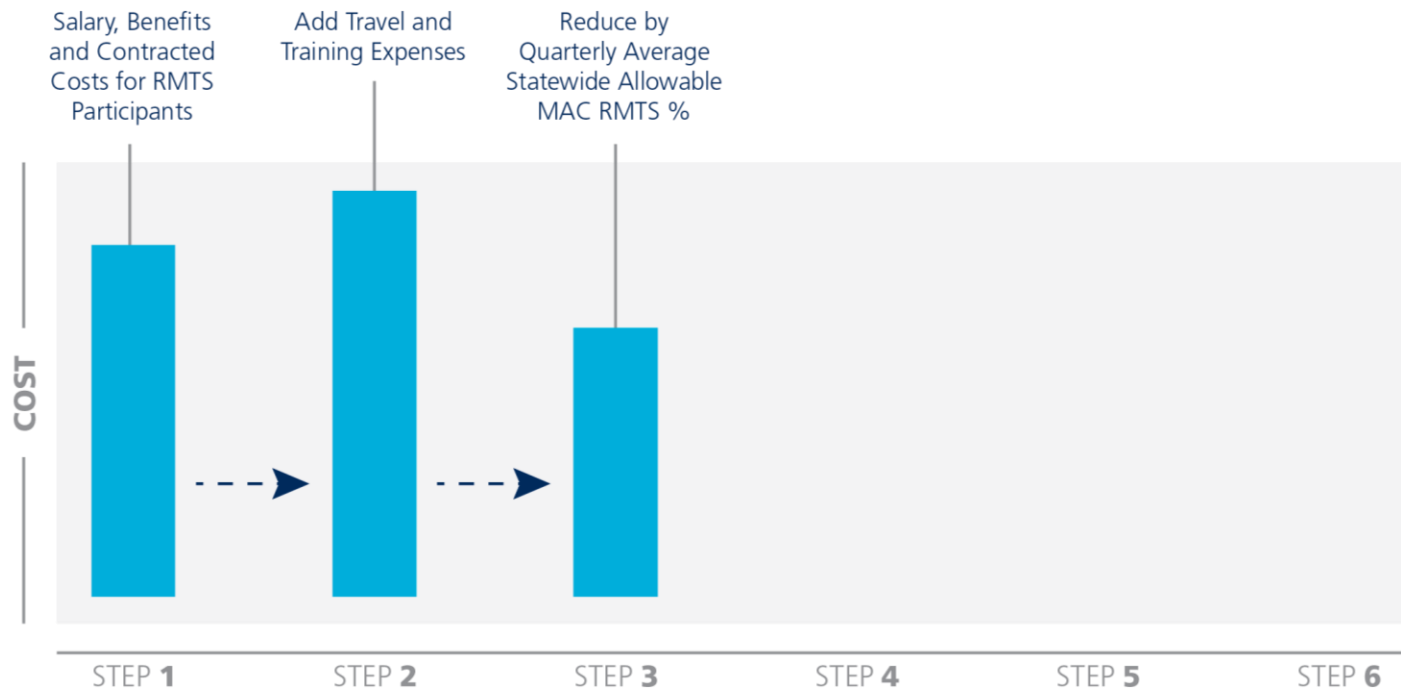
Quarterly Cost Reporting



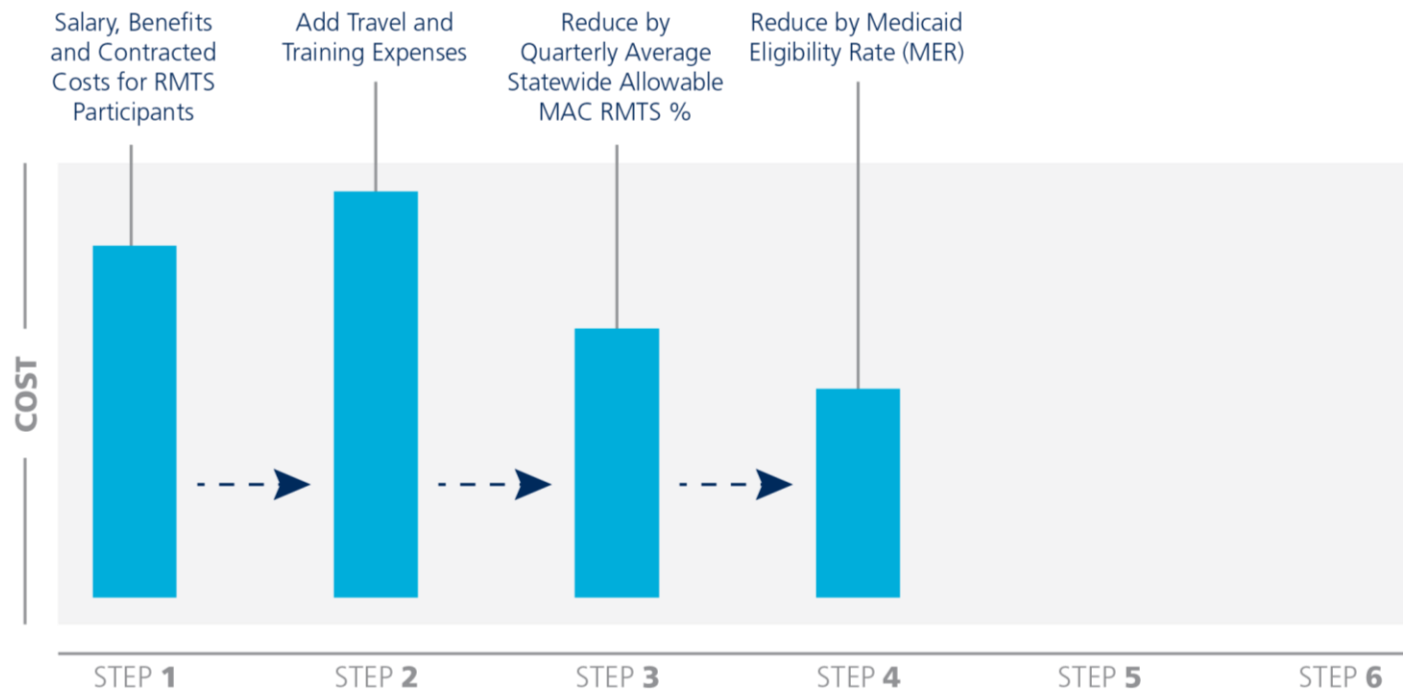
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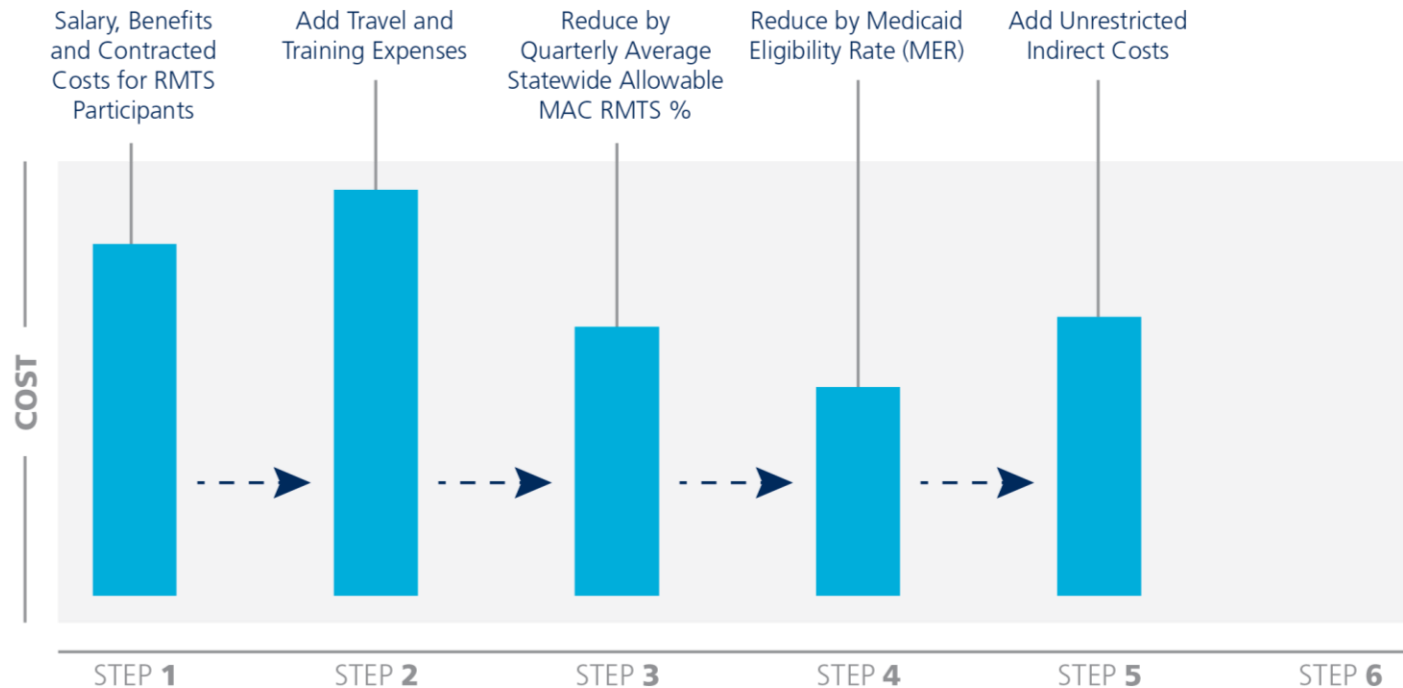
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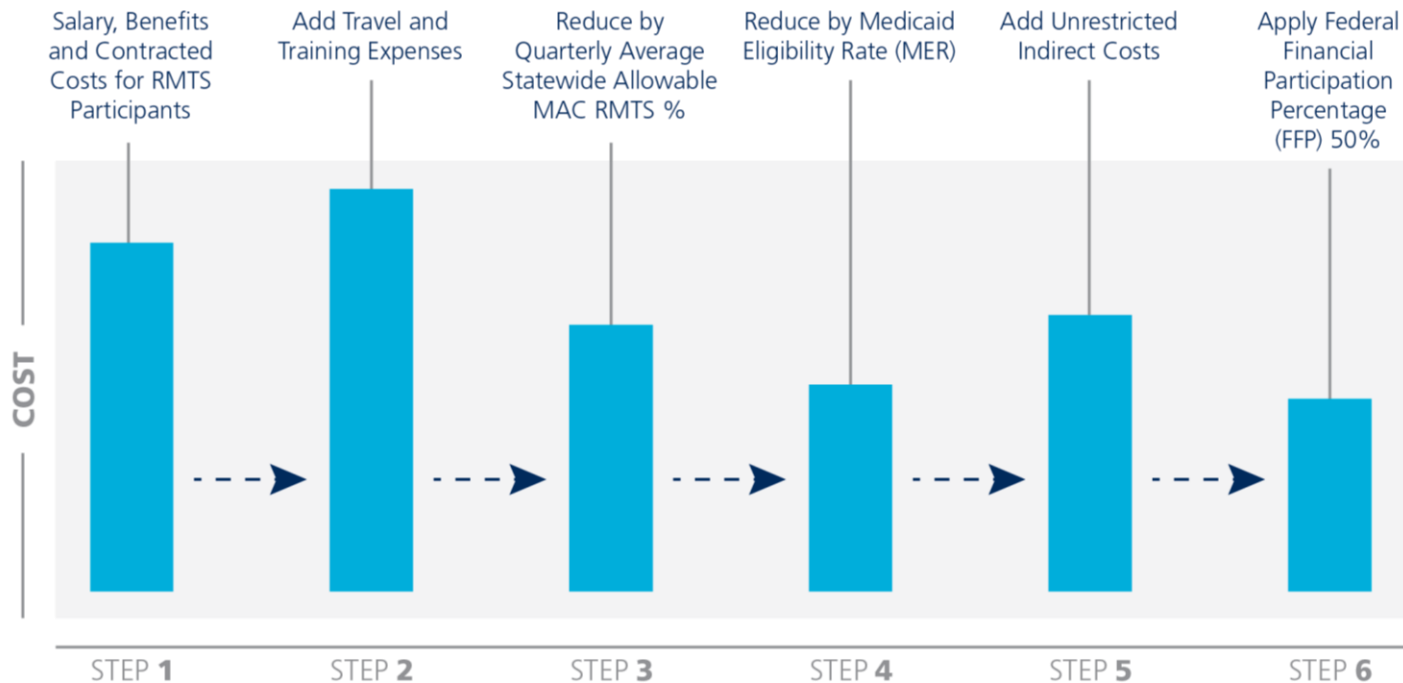
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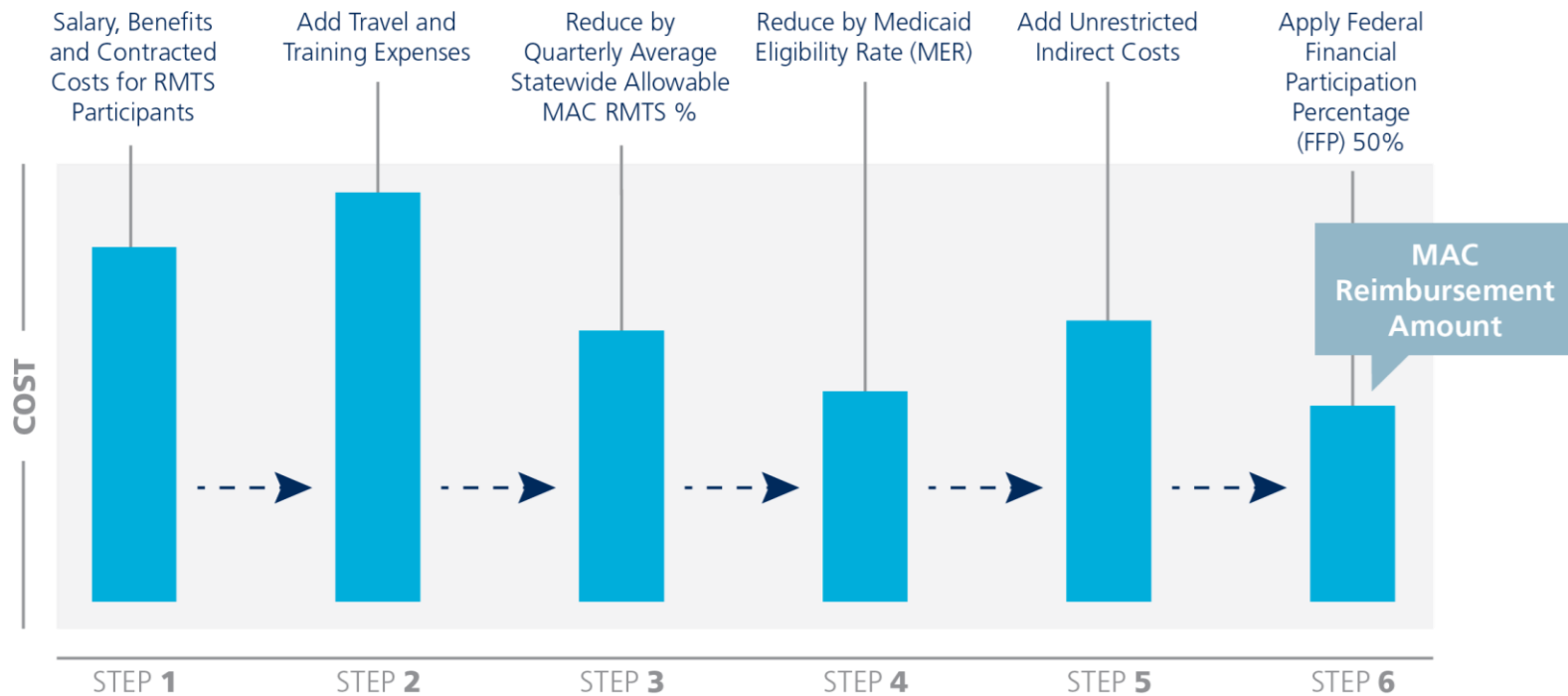
Quarterly Cost Reporting



Quarterly Cost Reporting



Quarterly Cost Reporting





Quarterly Cost Reporting

Year	Gross Claim	Net Claim (50% FFP)	State Withhold***	Net District Reimbursement
FY10*	\$2,201,661	\$1,100,831	\$110,083	\$990,747
FY11	\$3,282,302	\$1,641,151	\$164,115	\$1,477,036
FY12	\$3,824,482	\$1,912,241	\$191,224	\$1,721,017
FY13	\$4,035,887	\$2,017,944	\$201,794	\$1,816,150
FY14**	\$4,574,321	\$2,287,159	\$182,973	\$2,104,187
TOTAL	\$17,918,653	\$8,959,326	\$850,189	\$8,109,137



*Includes OD09, JM10 and AJ10

**Excludes AJ14

*** State Withhold

FY10 – 13 = 10%

FY14 = 8%



Program Reviews

- PCG conducts provider Program Reviews on behalf of the Department to ensure that districts are complying with SHS regulations and program policies
 - Program Reviews occur once during the fall and spring of a fiscal year
- As part of the review, ten students are randomly selected along with their Medicaid Management Information Systems (MMIS) claiming for a one month period
 - Districts must provide documentation to support those Medicaid claims and can include: IEP/IFSPs, Attendance Records, Clinical Notes, Service Logs and Care Plans, and Medicaid Consent Forms
- If issues are found during the reviews, the Department will issue a Corrective Action Plan (CAP)
 - Districts have 45 days to develop responses on how issues will be corrected going forward



Desk Reviews

- PCG conducts Desk Reviews of the financial and statistical data reported on the Annual Cost Report
 - All participating districts undergo a Desk Review every Fiscal Year
 - Desk Reviews occur between October and December
- PCG reviews reported information and identifies any outliers, anomalies, or items that may need further review or follow up
- PCG communicates follow up items via email correspondence



In Depth Financial Reviews

- PCG conducts In Depth Financial Reviews of the financial and statistical data reported on the Annual Cost Report
 - 50% of participating districts are selected for this review each Fiscal Year
 - In Depth Financial Reviews occur between October and December
- PCG requests supporting documentation for the following items:
 - Annual Payroll for DS and TCM providers
 - Other Costs (materials, supplies, and equipment)
 - Transportation costs and ratio(s)
 - Licensing and credential information for DS and TCM providers



RMTS Provider Qualifications Reviews

- PCG conducts Provider Qualification Reviews on all participating districts at least once every three years
 - The number of providers being reviewed will depend on the size of the district
- PCG requests the following documentation with respect to the DS and TCM cost pool:
 - Provider Licensure
 - Requested electronic copies of licensures/certification for selected providers providing DS and TCM services
- Licensures/certifications must be valid during the review quarter in which the providers were listed on the staff roster



MAC Quarterly Compliance Reviews

- PCG conducts MAC Quarterly Financial Compliance Reviews on all participating districts at least once every three years
 - The number of providers being reviewed will depend on the size of the district
- PCG requests the following financial documentation for the selected participants on the staff roster for the quarter being reviewed:
 - Quarterly Payroll Information for salary, benefits, and contracted staff costs paid, including account code
 - Copy of the *latest financial audit from your CPA firm*



Resources

- Colorado Department of Health Care Policy and Financing Website
 - <http://www.colorado.gov/hcpf>
 - Program Manual
 - Newsletters
 - Training Materials
 - Stakeholder Information
- Colorado Department of Education Website
 - <http://www.cde.state.co.us/>
 - Local Services Plan information
 - Annual Report information

Contact Information

- For any questions or concerns, please contact:
 - Public Consulting Group – Help Desks
 - cormts@pcgus.com or cocostreporting@pcgus.com
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